DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BELL THERAPY FLORIST (0009565)

Address: 7401 W FLORIST AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096944 End Date: 05/04/2006 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095880 End Date: 10/24/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007217 Served 11/15/2005

		Compilative	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	05/02/2006	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	05/02/2006	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND	05/02/2006	Yes
	REQUIREMENT		

Compliance

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 03/06/2006 Date Investigation Completed: 05/04/2006

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE NOT SUBSTANTIATED